

## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001

Application or Docket Number

AWDHI-PCTUS

		Claims as			_	O\		MALL EN	ITITY		OTHER	
TOTAL CLAIMS		(Columnia	Column 1) (C		Column 2)		TYPE _		OR 11 I	SMALL		
·								RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMB	ER EXTRA		BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			minus 20=		*			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =		*			X42=	71	OR	X84=	
MU	LTIPLE DEPEN	IDENT CLAIM PF	RESENT					+140=		OR	+280=	
* If the difference in column 1 is			less than zero, enter "0" in column 2			olumn 2	Ľ	TOTAL		OR	TOTAL	710
CLAIMS AS A			MENDED - PART II				<del>-</del>		٥	OTHER		
<del></del>		(Column 1)	The second secon		mn 2)	(Column 3)	٦ (=	SMALLE	NTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	* NTATION OF MU	Minus	***	T CLAIM	=		X42=		OR	X84=	
<u> </u>			JEIN LL DE.		1 00 1111			+140=		OR	+280=	
							<u>i</u> _ 0	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(0 ) 1)					_	NDDII. FEE U		<u>1</u> 1	ADDII. FEL	
		(Column 1)		(Colu	mn 2)	(Column 3)						
<b>6</b>		(Column 1) CLAIMS REMAINING		HIGH	mn 2) HEST IBER	(Column 3)			ADDI-			ADDI-
ENT B				HIGH NUM PREVI		PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDMENT B	Total	CLAIMS REMAINING AFTER	Minus	HIGH NUM PREVI	HEST MBER OUSLY	PRESENT		RATE X\$ 9=	TIONAL	OR	RATE X\$18=	TIONAL
AMENDMENT B	Independent	CLAIMS REMAINING AFTER AMENDMENT *	Minus Minus	HIGH NUM PREVI PAID	HEST MBER OUSLY FOR	PRESENT EXTRA			TIONAL		X\$18=	TIONAL
AMENDMENT B	Independent	CLAIMS REMAINING AFTER AMENDMENT	Minus Minus	HIGH NUM PREVI PAID	HEST MBER OUSLY FOR	PRESENT EXTRA		X\$ 9= X42=	TIONAL	OR OR	X\$18= X84=	TIONAL
AMENDMENT B	Independent	CLAIMS REMAINING AFTER AMENDMENT *	Minus Minus	HIGH NUM PREVI PAID	HEST MBER OUSLY FOR	PRESENT EXTRA		X\$ 9= X42= +140=	TIONAL FEE		X\$18= X84= +280=	TIONAL
AMENDMENT B	Independent	CLAIMS REMAINING AFTER AMENDMENT *	Minus Minus	HIGH NUM PREVI PAID	HEST MBER OUSLY FOR	PRESENT EXTRA		X\$ 9= X42= +140=	TIONAL FEE	OR OR	X\$18= X84= +280=	TIONAL FEE
AMENDMENT B	Independent	CLAIMS REMAINING AFTER AMENDMENT *	Minus Minus	HIGH NUM PREVI PAID ***  ***  CENDEN	HEST MBER OUSLY FOR  T CLAIM	PRESENT EXTRA	A	X\$ 9= X42= +140=	TIONAL FEE	OR OR	X\$18= X84= +280=	TIONAL FEE
	Independent	CLAIMS REMAINING AFTER AMENDMENT  *  *  NTATION OF MU	Minus Minus	HIGH NUM PREVI PAID ***  ***  COlui HIGH NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA	A	X\$ 9= X42= +140= TOTAL DDIT. FEE	TIONAL FEE	OR OR	X\$18= X84= +280=	TIONAL FEE
	Independent	CLAIMS REMAINING AFTER AMENDMENT  *  *  *  *  (Column 1)  CLAIMS REMAINING AFTER	Minus Minus	HIGH NUM PREVI PAID ***  ***  COlui HIGH NUM PREVI	MEST OUSLY FOR  T CLAIM  Mn 2) HEST HEER OUSLY	PRESENT EXTRA  = = (Column 3) PRESENT	A	X\$ 9= X42= +140= TOTAL DDIT. FEE	ADDI- TIONAL	OR OR	X\$18= X84= +280= TOTAL ADDIT. FEE	ADDI- TIONAL
	Independent FIRST PRESE  Total Independent	CLAIMS REMAINING AFTER AMENDMENT  *  *  CLAIMS REMAINING AFTER AMENDMENT  *  *  *  *  *  *  *  *  *  *  *  *  *	Minus  Minus  ULTIPLE DEP  Minus  Minus	HIGH NUM PREVI PAID  **  ***  COlui HIGH NUM PREVI PAID  **  ***	mn 2) HEST BER OUSLY FOR  T CLAIM  MBER OUSLY FOR	PRESENT EXTRA  =  (Column 3)  PRESENT EXTRA	A	X\$ 9=  X42=  +140=  TOTAL  DDIT. FEE  RATE  X\$ 9=	ADDI- TIONAL	OR OR OR	X\$18= X84= +280= TOTAL ADDIT. FEE RATE X\$18=	ADDI- TIONAL
AMENDMENT B	Independent FIRST PRESE  Total Independent	CLAIMS REMAINING AFTER AMENDMENT  *  *  NTATION OF MU  CLAIMS REMAINING AFTER AMENDMENT  *	Minus  Minus  ULTIPLE DEP  Minus  Minus	HIGH NUM PREVI PAID  **  ***  COlui HIGH NUM PREVI PAID  **  ***	mn 2) HEST BER OUSLY FOR  T CLAIM  MBER OUSLY FOR	PRESENT EXTRA  =  (Column 3)  PRESENT EXTRA  =	A	X\$ 9=  X42=  +140=  TOTAL DDIT. FEE	ADDI- TIONAL	OR OR OR	X\$18= X84= +280= TOTAL ADDIT. FEE	ADDI- TIONAL
AMENDMENTS	Independent FIRST PRESE  Total Independent FIRST PRESE	CLAIMS REMAINING AFTER AMENDMENT  *  *  *  *  *  *  *  *  *  *  *  *  *	Minus  Minus  ULTIPLE DEP  Minus  Minus  Minus  ULTIPLE DEP	HIGH NUM PREVI PAID  **  ***  COlui HIGH NUM PREVI PAID  **  **  PENDEN	MD 2) HEST HEST HEST HEST HEST HEST HEST HEST	PRESENT EXTRA  =  (Column 3)  PRESENT EXTRA  =  =	A	X\$ 9=  X42=  +140=  TOTAL ADDIT. FEE   RATE  X\$ 9=  X42=  +140=	ADDI- TIONAL	OR OR OR	X\$18=  X84=  +280=  TOTAL ADDIT. FEE   X\$18=  X\$4=  X84=  X84=	ADDI- TIONAL
* * AMENDMENT	Independent FIRST PRESE  Total Independent FIRST PRESE  If the entry in column of the "Highest Number 10 Prese Number 10 Pres Number 10	CLAIMS REMAINING AFTER AMENDMENT  *  *  CLAIMS REMAINING AFTER AMENDMENT  *  *  *  *  *  *  *  *  *  *  *  *  *	Minus  Minus  ULTIPLE DEP  Minus  Minus  ULTIPLE DEP	HIGH NUM PREVI PAID  **  ***  COIU  HIGH NUM  PREVI PAID  **  PENDEN  ***  PENDEN  ***	MEST (BER OUSLY ) FOR  T CLAIM  T CLAIM  BER OUSLY ) FOR  T CLAIM  e "0" in co is less tha	PRESENT EXTRA  =  (Column 3)  PRESENT EXTRA  =  =  1umn 3. 120. enter "20.	A	X\$ 9=  X42=  +140=  TOTAL DDIT. FEE  RATE  X\$ 9=  X42=	ADDI- TIONAL	OR OR OR OR	X\$18=  X84=  +280=  TOTAL ADDIT. FEE   RATE  X\$18=  X84=	ADDI- TIONAL

## UNITED TES PATENT & TRADEMARK CAFFICE Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND										
1 Date of Request: 2 Serial/Patent # 10/049697										
3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
Filing		OSTUMA	× 130							
Amendment			\$							
Extension of Time			\$							
Notice of Appeal/Appeal			\$							
Petition			\$ .							
Issue			\$							
Cert of Correction/Terminal Disc.			\$							
Maintenance			\$							
Assignment Assignment	,		\$							
Other			\$							
Albert W. Davissik Cyfel y Rein Lyne Cyfel y Rein 2 85510	7 TOTAL OF RE		\$ 130							
<u> </u>	8 TO BE REFUNDED BY:									
10 REASON:		Treasury Check								
verpayment verpayment		Credit Dep	osit A/C #:							
Duplicate Payment	9									
No Fee Due (Explanation):										
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: O.X. CIWELL TITLE: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX										
SIGNATURE: PHONE: 305-3656										
OFFICE:										
THIS SPACE RESERVED FOR FINANCE USE ONLY:										
APPROVED: Alway Philes DATE: 8/23/02										

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room \$02B